

**PATTERNS OF SUBSTANCE ABUSE AMONG SECONDARY
SCHOOL STUDENTS IN BUSHENYI DISTRICT**

BY

MUGISHA MOSES BABAIHA

BGC/0002/61/DU

**A RESEARCH REPORT SUBMITTED TO THE INSTITUTE OF OPEN AND
DISTANCE LEARNING IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF THE BACHELORS
DEGREE IN GUIDANCE AND COUNSELING**

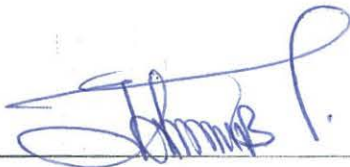
KAMPALA INTERNATIONAL

UNIVERSITY

JULY, 2010

DECLARATION

Mugisha Moses Babaiha declare that this is my original work and it has never been
produced by anyone in any academic institution / university for a ward of a Degree

Signature:  _____

Name: MUGISHA MOSES BABAIHA

APPROVAL

The research report has been submitted for examination with my approval as a university supervisor

Signature: 

Date: 20 July 2010

DR. SALAMI .S.O

Supervisor

DEDICATION

I dedicate this book to my beloved family with all my love and appreciation for their support.

I thank them for their prayers and words of encouragement.

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ACKNOWLEDGEMENT

I greatly appreciate and acknowledge number of people who helped me in different ways;

I would like to thank God for giving me wisdom and the spirit to endure.

I would not have made progress if it was not for my supervisor Dr. Salami .S.O. I appreciate the contribution he put through giving adequate instructions during the study but also went an extra mile to offer valuable suggestions comments and criticism which helped in the production of this work.

I would like to thank my family, my wife Mrs. Agatha Mugisha and my parents for their support and sacrifices they made to make me reach where I am. Without them, I wouldn't have made it this far.

Similarly, I send my heartfelt gratitude to my friends for their assistance and spirit of solidarity especially; my coursemates.

CHAPTER ONE

INTRODUCTION

This study focused on the effects of substance abuse on the students' academic in Uganda; this chapter encompasses the background to the study, the statement of the problem, the objectives of the study and the scope of the study plus the significance of the study.

1.1 Background to the study

Substances that are abused are psychoactive substances that when taken have the ability to change an individual's consciousness, mood or thinking process. They act in the brain on a mechanism that exists normally to regulate the functions of the mood, thoughts and motivations. Abuses of these substances are divided into three categories according to their socio legal status. The first categories are medicinal substances or drugs that are useful in relieving pain, promoting either sleep or wakefulness and relieving mood disorders. Currently most psychoactive medications are restricted under a doctor's order through prescriptions regulations. However more often than not these drugs find their way into the back street outlets.

In U.S.A the National Household Survey on Drug Abuse (NHSDA, 2002) has found drug abuse is high among young people in secondary schools. Also the European Monitoring Committee on Drugs and Addiction (EMCDA, 2000) showed drug abuse is high among the youths. According to (Mac Kay and Ercksn, 2007) of the world bank, the mostly abused substances are the legal ones, top on the list are alcohol and cigarette world wide, the situation is the same in Uganda, the 3rd being Miraa. The report says that there are 5500 billion cigarettes manufactured annually with 1-2 billion smokers in the world and the number is expected to increase to 2 billion by 2030.

According to the United Nations Office on Drugs and Crime (U.N.D.C) about 185 million people make illicit use of two or more types of illicit substances. The report indicates the practice is more prevalent among young people than in older ones. Alcohol for its part is marketed by transitional companies that target young people in their advertisement according to global status report on alcohol (WHO, 1999). Mirra, which is legal in Kenya and the horn of

Africa, has been outlawed in neighboring Tanzania also the U.S.A. and Canada for its adverse health effects on its citizens.

Hawkins et al (1987) noted that in Uganda the situation is even worse, majority of the people use substances because they expect to benefit their use whether through the experience of pleasure or the avoidance of pain. The benefit is not necessarily gained directly from the psychoactive action of the substance, however the psychoactive effect is never the less present and carries with it the potential for harm whether in short or long term.

The main harmful effects of substance abuse can be divided into three groups. The first is the chronic health effects like liver cirrhosis, lung cancer, emphysema, dental diseases, mental illness, HIV/AIDS and hepatitis B. Secondly is the short term hazards like overdose, accidents due to reduced level of consciousness and judgments and finally are the social consequence of unrest in schools, school drop outs, family break-ups and increase in crime in the society.

Apparently the non-schooling youths are either not spared by the menace as it's evident in the streets of Bushenyi district, youths carrying bundles of khat, smoking cigarette and chewing tobacco.

1.2 Statement of the Problem

Despite of the combined government efforts put in place to reduce on disastrous effects of substance abuse on the students' academic performance in Uganda, like increased theft, brain disturbances and increased criminal cases, the situation in some places of Uganda specifically in Bushenyi District are proving to be worst. In that, there has been no compensation and the government has not come out to explain the unfolding disasters brought about by drug abuse and the people living around such areas. And it's such undesired circumstances that call for an investigation, hence this study.

1.3 Purpose of the Study

The overall objective of the study is to examine the patterns of substance abuse among secondary school students in Bushenyi District.

1.3.1 Specific Objectives

- i) To identify the different types of substance abused in Bushenyi District
- ii) To establish the factors which influence secondary school students to abuse drugs in Bushenyi District.
- iii) To ascertain the relationship between the patterns of substance abused in relation to secondary school students in Bushenyi District.
- iv) To suggest possible measures that can be put in place to overcome the increased number of substance abuse in Bushenyi District.

1.4 Research Questions

- i) What are the different types of substance abused in Bushenyi District?
- ii) What are the causes of substance abuse on among students in Bushenyi District?
- iii) Is there any significant relationship between the patterns of substance abused in relation to secondary school students in Bushenyi District?
- iv) What possible measures can be put in place to overcome the increased number of substance abuse in Bushenyi District.?

1.5 Scope of the Study

1.5.1 Geographical Scope

The study was conducted in selected secondary schools in Bushenyi district because the area is accessible for the researcher in terms of time, transport and the language.

1.5.2 Content Scope

The study focused on the patterns of substance abuse as an independent variable and secondary school students as a dependent variable since the two are inter-linked.

1.5.3 Time Scope

The study lasted for a period of one month and will focus on the disastrous effects substance abuse on the students' academic performance between 2003 and 2008.

1.6 Significance of the Study

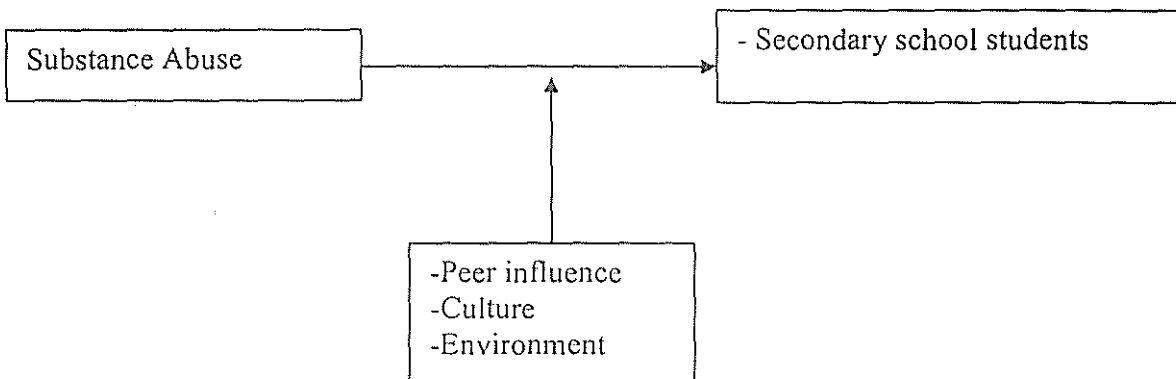
The findings of the study will assist the government of Uganda in making clear policies on how to drug abuse is dangerous in relation to the effects by the local community, on sensitive issues like; increased security to promote peaceful co-existence. The results of the study will also enable the Ministry of Gender, Labour and drug abuse to design amendments in the policy and other instruments defining clearly the rights of children in the provinces where such catastrophes are taking place. The study findings will also enable other stakeholders , fore instance the civil society charged with accountability and strengthening participatory mechanisms intervene in the 'paradox of plenty' and the windfall revenue phenomenon' which are likely to lead to the death of such.

As a student of education, I am optimistic that the research findings will to a large extent enhance my career in researching and enable me to have a practical approach in solving drug abuse related problems, as the course requires. The study will also be useful to other researchers in the field of child up-bring and child domestic relations to those who would wish to expound on the area of street children being attributed drug abuse to obtain a foundation in the form of literature review in other universities besides KIU.

1.7 Conceptual framework

Independent variable

Dependent variable



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter is concerned with the review of various opinions of different authors, consultants and practitioners about the effects of substance abuse on the students' academic performance in the world especially in developing countries. Different books, journals, consultancy reports, magazines and any other literature related to the topic will be used.

2.1 Actual Review of the Related Literature

Substance abuse is the maladaptive pattern of continued use of substances despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or imputed by recurrent use (Mac Kay and Erckson, 2007).

Substance abuse causes significant burden in individuals and societies throughout the world. The (W.H.O 2002) indicated that 8.9%, alcohol 4% and illicit drugs 0.8% of the burden of diseases in the year 2000. Perhaps its worst aspect is what it makes its deepest impression on those who are vulnerable, the youth.

Significantly the spread of substance abuse in Africa and Kenya in particular can be traced to the breakdown of the indigenous society and to the introduction of foreign influence that have made a variety of substances easily available locally.

2.2.1 Substances that are abused

Khat

Khat or Miraa (*Catha edulis*) is an evergreen tree, which grows at high altitudes in the Mount Kenya region and the Ethiopian highlands. It's an intoxicating plant that is chewed at its raw form (Krikorian 1984, Kennedy 1987). The chewing of khat is common in East and the Horn of Africa as well as in Yemen. It's known by many names which include Mirungi, Tolial, Veve, Gomba and many others. Khat was taken socially by male adults during festivals. It induces feelings of pleasure and produces excitement, banishing sleep and enhances self-esteem while energy and alertness seem to increase.

In Yemen, and the horn of Africa, khat is more than psychotropic plant; it's the basis of a lifestyle and plays a dominant role in all male activities like celebrations, marriages, business proceeds and political meetings (Lancaster, 1997).

The initial effects induced are unpleasant which include dizziness, malaise, tachycardia and epigastric pain, but these undesirable effects are gradually replaced by pleasant feeling of bliss, clarity of thought, euphoric and over energetic (Galkin and Mirongleu, 1984)

According to professor Niesh Patel (U.N.O 2001) miraa has properties that affect the chemical level in the human brain .these chemicals provide strong inducements for the user , hunger for the daily supply and to maintain long miraa chewing periods especially as tolerance develops with regular use.

Tobacco

Although tobacco contains thousands o substances nicotine is the most frequently associated with dependence because it's the component that is psychoactive and causes observable stress reduction and enhancement of performance. The behavioral effects associated with nicotine include arousal, increased attention, concentration and enhancement of memory.

Nicotine is potent and powerful against several sub populations of nicotine necessities of the cholinergic nerves system (Keenan and Clark, 1986). Nicotine receptors are situated mainly in pre synaptic terminals and modulate neo transmitter release.

Tolerance rapidly develop to the subjective effects of nicotine, during the course of the day smokers generally consider the first cigarette in the morning as more regarding which may be due to tolerance or to the relief from the withdrawal that develops over night. Such withdrawals may be accompanied by symptoms such as irritability, hostility, anxiety, dysphoric and depressed mood, decreased heart rate and increased appetite.

Treatment of nicotine dependence is largely unknown in Kenya however it has taken root in the developed world. Mostly by nicotine replacement therapy such as nicotine gum and transdermal

path. Combined with increased public service announcements in the media about the danger of smoking.

Alcohol

Beverage alcohol (ethanol or ethyl alcohol) is consumed throughout the world for recreational and religious purposes. It's produced by fermentation and distillation of agricultural products. Here in Kenya there has been deaths and disabilities associated with consumption of illicit local brews such as kumi kumi and kuona mbee.

2.2.2 Causes of substance abuse on the students

Wright, (1977), Substance abuse refers to intake of items which are hazardous to health, but it becomes a habit for a person to regularly intake such items. Teens are the most affected by substance abuse. There could be many causes for substance abuse. Some time it is just the company that a teen keeps that may be responsible for his habits. Many times it is just peer pressure which makes teens start substance abuse. Some times there may be emotional reasons such a feeling of not being loved, depression, low self esteem etc because of which teens may indulge in substance abuse. Apart from this, the teenagers find substance abuse to be an easy way to escape stress, at home or at school or elsewhere. They feel this might make them feel happy and peaceful. Some times reasons poverty, child abuse, stress in the family and even improper parenting can push teens towards substance abuse. Some times there are no reasons, but it is just simple curiosity which makes the teens start substance abuse, probably because the parents of such teens never thought it necessary to talk to them about the ill effects of such substances.

Whatever may be the causes, all the above mentioned problems are such that they can be easily solved with a little bit of attention and love from the side of the parents. All that the parents need to do is to sit and talk to their children and address their issues without making them feel neglected and thus save them from falling prey to substance abuse.

Drug abuse by co-eds often starts by partying and late nights, so common among college students; others turn to drugs because of the stress of college. It is not uncommon for college students to turn to prescription drugs to give them endurance to cram for exams all night. Peer

pressure, family stress, homesickness, personal problems and scholarship requirements separately or combined can make college students take desperate measures. If closely observed, drug abuse can be detected easily in college students. First, observe if they spend their time alone. Drug abusers often do this to prevent others from noticing change in their behavior. Drug users also lie about their activities because they are doing drugs rather than something constructive. Second, signs-such as bloodshot eyes, fatigue, hyperactivity and weight gain or loss--are common among drug abusers. Third, drug addicts commonly lose interest in work, school and social functions because their main goal is to indulge their addiction. If interest in social functions has declined dramatically, it may be likely that the person has a drug addiction. Fourth, financial difficulty can be a sign of drug abuse because the user may be using money to purchase drugs rather than paying bills. The user may borrow money or steal items to get money for drugs. Fifth, the drug user may be going through a divorce because marriages and relationships often fail when one of the partners' abuses drugs (Oduaran, 1979).

Hawkins et al (1997). Also, working with local communities to ensure that alcohol is not served to minors or to intoxicated students; Strengthening academic requirements; Scheduling classes on Fridays (This strategy emphasizes the importance of academics and discourages the alcohol-fueled partying that may occur on Thursday nights if students do not need to attend classes on Fridays); Keeping the library and recreational facilities open longer hours; Eliminating alcohol-industry support for athletic programs (Accepting such funding can be seen as sending a mixed message to students); Restricting alcohol promotions and advertising on campus and in campus publications, especially promotions or ads that feature low-cost drinks; Monitoring fraternities to ensure compliance with alcohol policies and laws; Providing a wide range of alcohol-free social and recreational activities; Disciplining repeat offenders and those who engage in unacceptable behavior associated with substance use; Notifying parents when students engage in serious or repeated violations of alcohol or other drug policies or laws; and Launching a media campaign to inform students about the actual amount of drinking that occurs on campus, since most students overestimate the number of their classmates who drink and the amount that they drink.

Addiction is a complex disorder characterized by compulsive drug use. People who are addicted feel an overwhelming, uncontrollable need for drugs or alcohol, even in the face of negative consequences. This self-destructive behavior can be hard to understand. Why continue doing

something that's hurting you? Why is it so hard to stop? The answer lies in the brain. Repeated drug use alters the brain-causing long-lasting changes to the way it looks and functions. These brain changes interfere with your ability to think clearly, exercise good judgment, control your behavior, and feel normal without drugs. These changes are also responsible, in large part, for the drug cravings and compulsion to use that make addiction so powerful.

The path to drug addiction starts with experimentation. You or your loved one may have tried drugs out of curiosity, because friends were doing it, or in an effort to erase another problem. At first, the substance seems to solve the problem or make life better, so you use the drug more and more. But as the addiction progresses, getting and using the drug becomes more and more important and your ability to stop using is compromised. What begins as a voluntary choice turns into a physical and psychological need. The good news is that drug addiction is treatable. With treatment and support, you can counteract the disruptive effects of addiction and regain control of your life.

Steffen (1980), many people use drugs in order to escape physical and emotional discomfort. Maybe you started drinking to numb feelings of depression, smoking pot to deal with stress at home or school, relying on cocaine to boost your energy and confidence, using sleeping pills to cope with panic attacks, or taking prescription painkillers to relieve chronic back pain. But while drugs might make you feel better in the short-term, attempts to self-medicate ultimately backfire. Instead of treating the underlying problem, drug use simply masks the symptoms. Take the drug away and the problem is still there, whether it be low self-esteem, anxiety, loneliness, or an unhappy family life. Furthermore, prolonged drug use eventually brings its own host of problems, including major disruptions to normal, daily functioning. Unfortunately, the psychological, physical, and social consequences of drug abuse and addiction become worse than the original problem you were trying to cope with or avoid.

Drug abuse among adolescents and young adults, which embrace university undergraduates, increased significantly in the united states of America in the late 60s and early 70s (Eason, 1976). Little was known about hard drug and their usage in Nigeria of the 60s. However, as far back as 1973, an expatriate staff at the University of Nigeria, nsukka, reported a substance

purported to be cocaine, which was used by some students, but the authenticity of the substance was not precisely established.

Soc. and acad. Imply of drug abuse in the late 70s, usage of cocaine and heroine became significant in Nigeria. Although, the law- enforcement agencies and the government, were not aware of the development, because of the rampant use of, and emphasis on Indian hemp. It was not until may 1983, when the guardian newspaper of Nigeria, first related the story of the arrival of the drug known variously in the United States as 'snow' or 'angel – dust' that awareness began to rise. And this reached a crescendo between 1984 and 1985, when the federal government of Nigeria promulgated a decree (d.n.20 of 1984), which prescribes death penalty for possession of hard drugs.

Drug abuse or drug dependence (as preferred by the world health organization), is defined as “a state of psychic or physical dependence, or both on a drug, following administration of the drug on a periodic or continuous basis.” Man has long sought ways to enhance his pleasure, and to ease his discomforts. Curiosity, as one of man’s outstanding characteristics, appears early in life, and leads to extensive exploratory behaviour. It is not surprising then that, many young persons will wish to try certain drugs in order to determine their effects for themselves. Studies by Okoh (1978), Oduaran (1979), and Johnson (1979), exhibit a plethora of purposes for which students use drugs. The list includes curiosity, boldness, friends-do-it, enjoyment of social gathering, academic pressure. Sound-sleep, sexual- prowess, and performance in sports.

Family factors: -parental and sibling alcoholism and use of illicit drugs increases the risk of alcoholism and drug abuse in offspring. According to Hawkins et al 1987, Knoff 1986, attitudes and early drinking behaviors appear to be shaped more by parents and relatives than by peers. Hawkins et al (1987) also stressed those children from families with lax supervision, excessively severe or inconsistent disciplining practices are at risk of delinquency and drug abuse. He also said that social isolation; poverty, poor living conditions and low status occupations are circumstances that appear to elevate the risk of delinquency and substance abuse.

Truancy and early drop out from school are factors associated with substance abuse.

Environmental factors: -Disorganized communities such as those with high population density, high neighborhood crime rates and lack of informal social controls have less ability to limit drug abuse among adolescents (Hawkins et al, 1987). Adolescents tend to increase use of drugs due to the influence of friends and they also tend to choose friends who reinforce their own harmful drug use behaviours. Mobility from one resident to another as well as transition from primary to secondary and to universities is associated with high rate of drug initiation and frequency of use (Hawkins et al, 1987)

Constitutional and personality factors: - there is evidence of a constitutional position towards substance abuse and alcoholisms. Suggesting that genetic factors play a role in this area (Hawkins et al, 1987). Personality characteristics that are often associated with substance abuse include low-esteem, low self-confidence, need for social approval, high anxiety, low assertiveness and rebelliousness.

2.2.3 Effects of substances abused on the students' performance

Clayton (1980) Drug use can have significant negative effects on academics and professional careers, with death being the most dramatic. Drug abuse is the primary cause of death among college-aged students according to the study "The Effects of Drugs and Alcohol on Academic Life." Abuse of drugs and alcohol can damage school performance and can greatly diminish the chances of getting a job. Researches found that of those students having academic problems, 40 percent of them abuse alcohol. It also found that 28 percent of college dropouts are alcoholics. Drug use can lead to dangerous activities: drug users may end up incarcerated, dismissed from school or infected with a disease. These consequences will damage the academic and professional success of every drug user.

Drugs have no rightful place anywhere in society; however, they have even less of a place in academic environments where teens are living in their most formative years. That the teen drug/alcohol user's academic performance is severely impaired, along with his or her level of responsibility – such as skipping class, failing to complete assignments, etc speaks to the notion that drug and alcohol use is rampant throughout American middle and high schools. This abuse has produced teenage student body's with many abusers whose relationships, reputations, futures, wallets, self-images and especially grades suffer as a direct result of the teen drug abuse.

Fehr, (1987) one might readily argue that teenage drug abuse has reached epidemic proportions on some college campuses and high school facilities. Alcohol – one of the most misused drugs today – is also one of the most popular and readily available of all types of drugs and controlled substances found on high school campuses. Waking in a stupor after the previous night's party, missing classes, falling behind and ultimately losing whatever funding may have accompanied one's higher education is but a single representation of how drugs and/or alcohol can detrimentally impact one's academic experience. Many teens think college is just one big party now that they are on their own at school. However, the soiree does not last long once parents find out the extent to which their teen children have detrimentally impacted their scholastic rating by skipping class, failing to complete assignments and generally neglecting their scholastic responsibilities.

Much of the research in the field of student drug abuse appears to focus on correlates of drug abuse (Stanton, 1979; Steffen Hagen, 1980), psychological characteristics of student drug abusers (Paton and Kandel, 1978; Wright, 1977), Of drug abuse prediction of adolescent drug abuse (Robin, 1980) and treatment of adolescent drug abusers (Clayton, 1980).

An area in which research is still limited is the impact of drug abuse on the social and educational perspectives of students. This study will thus address itself of this realm. Two hypotheses, which are in the null form, have been posited to guide the study, viz: there is no significant relationship between drug abuse and academic performance. There is no significant relationship between achieving social acceptance within a social setting and the act of misuse of drug. The study was limited to the use of such drugs as tranquilizers, mandrax, amphetamines, marijuana, alcohol, and caffeine-related items like kolanut and coffee.

Although different drugs have different physical effects, the symptoms of addiction are the same no matter the substance. The more drugs begin to affect and control your life, the more likely it is that you've crossed the line from drug use to abuse and drug addiction. Unfortunately, when you're in the middle of it, you may be in denial about the magnitude of the problem or the negative impact it's had on your life. See if you recognize yourself in the following signs and symptoms of substance abuse and addiction. If so, consider talking to someone about your drug use.

There was once a time when college students represented some of America's most lively, ambitious and energetic population. However, the teenage drug abuse and alcohol abuse of today has severely tarnished that image. Attitudes toward society among college students today have changed beyond recognition" (Stockwell, 2001). Being that college and high school is one of the most stressful of all periods in a person's life, students claim that removing their ability to blow off steam has proven even more detrimental than the activities caused by drinking. "When the Man comes along and denies students the right to have fun (like tailgating at Munn field) they're going to be pissed off. It's like taking away some people's purpose in life. It's sad to think that it's the only thing that people do, but that's what's important to them and they'll fight for it" (Alcid, 1998, p. PG).

Alcohol is almost always taken orally and absorbed quickly from the intestine in to the blood stream. A delay in gastric emptying is mainly due to presence of food which slows down absorption. The acute behavioral effects of alcohol are due to many factors such as rate of drinking, gender, body weight, alcohol blood level and the time since previous dose.

At low dose it causes hastened activity and disinhibition while in higher dose it will cause impairment of cognitive perception and motor function. Effects on moods and emotions vary greatly from person to person (Facons & Fehr, 1987)

Alcohol increases the inhibitory activity mediated by GABA – A receptors and decreases the excitatory activity mediated by glomaterceptors which is related to the general seductive effect of alcohol and impairment of memory during periods of intoxications (Chapped, 2001). Excessive abuse of alcohol abuse induces behavioral and metabolic tolerance and the severity of its withdrawal symptoms depends on the amount of alcohol consumed, frequency and duration of drinking history. Early signs of withdrawal are severe shakings of hands, sweating, weakness, agitation, headache, nausea and vomiting and rapid heart rate.

Severe form of withdrawal leads to a state of delirium which is characterized by severe agitation confusion, hallucinations and delusions (Jacob and Fehr 1987) if it goes untreated the withdrawal syndrome lasts for 5-7 days. Benzodiazepines are used to lessen the severity of alcohol withdrawal.

Sedatives and hypnotics

The most commonly abused minor tranquillizer is sleeping pills (diazepam)(Jacob and Fehr, 1987). The effects of sedatives range from mild sedation to general anesthesia and death in case of overdose. These drugs are generally used for their intoxicating and inhibition releasing properties. They are easily habit forming and tolerance rapidly develops.

Common symptoms include drowsiness, mild to moderate incoordination and clouding of mental functions leading to impairment in cognitive and memory functions. Death may occur from overdose. Fatigue, headache and nausea can also occur. Tolerance to the effects of sedatives /hypnotics develops rapidly and increased doses are required to maintain the same level of effect. Tolerance develops to the pleasurable and sedative effects.

Anxiety, restlessness, insomnia and excitability are characteristic withdrawal symptoms (Nuh and Malizia 2001). Dependence on sedatives may develop with chronic use regardless of how often these drugs are used or their doses, a person may feel overwhelming urge or craving for the drug during specific circumstances such as time of increased stress or social gathering (Jacob and Fehr 1987) treatment involves tapering of drug use and behavioral therapy.

Cannabis (cannabis sativa)

There are two varieties of the cannabis and the main psychoactive substance is called trans-delta-9-tetrahydrocannabinol (THC) (UNDP 2002). The cannabinoids are generally inhaled by smoking but may also be ingested. Peak intoxication through smoking is reached within 15-30 minutes and the effects last for 2-6 hours. It remains in the body for long period and accumulates after repeated use. They may be found in the urine for 2-3 days after the last use in heavy smokers.

Pharmacological effects include increased pulse rate, reddening of eyes, and impaired intellectual and physical performance and at later stage the user becomes quieter, reflective and sleepy. With larger doses perception of sound, colour becomes distorted, thinking becomes slow and often confused and in severe cases hallucination may occur with confusion,

restlessness and excitement. The person may become anxious panic and develop psychotic episodes.

Long term effects of cannabis makes the abuser to develop psychological dependence, loss of drive and motivation, diminished capacity to carry out complex or long term plans, impaired concentration and difficulty in following routine. The United nations Drug Control Programme (UNDCP) classified drugs into two categories; The hard drugs and soft drugs. Soft drugs include miraa (Khat), alcohol, and tobacco among others. These are sold legally where as hard drugs are illegal in the public, they include, Bhang (marijuana), heroine, cocaine, maudrax among others.

A UNAIDS (2000) report reveals that 10% of HIV/AIDS infections globally are substance related, 5% of more than 33 million people living with HIV/AIDS are related to use infected needles during substance abuse, many female substance abusers engage in commercial sex to maintain their drug habit and therefore vulnerable to HIV/AIDS infections, drugs and alcohol have a disinhibitory effect on people, which encourage the risk user indulging in unsafe sex which may result into unwanted pregnancies. Women and children suffer negligence by substance abusing husbands and fathers.

A drug survey undertaken during 1999 establishing the excessive dependency on illegal substances mostly related to survival and social problem (East Africa Standard, August 2002).

Modern solvent misuse seen to have started in the USA in 1950s, first report in UK were from Scotland in the early 1970s. For the glue snuffer, sniffing is a quick way of gaining high or having kicks. He may indulge (in it) out of curiosity to be like others in his group, to get out of boredom or as a result of anxiety or despair, (Nursing Times 22nd-29th June 1983).

Drug abuse is a major threat to mankind that respects no national boundaries. As one begins an administration, h/she has to recognise that drug abuse, like too many problems that face the surrounding environment. It is in nature and can be solved only through concerted international co-operation. Drug abuse as the cause of untold suffering afflicting both the poor and the rich.

However, of concern to us is the recent dramatic increase in addiction and its destructive effect on the limited human and economic resources of the many less affluent nations of the world, we must combine deep compassion for the victims of addiction with a vigorous attempt to eliminate

the world supply of illicit drugs through international co-operation. Factors associated with high alcohol consumption are age and sex, the heaviest drinkers are men in their late teens and early twenties, (Multicultural review on drug abuse, 1977).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the methodology used in the study; it was divided into seven sections. Section 3.1 presents the research design; section 3.2 presents sample procedure, 3.3 presents the sample size then 3.4 presents data sources, 3.5 presents research instruments 3.6 presents methods of data analysis.

3.1 Research design

The study used a descriptive survey research design. Descriptive was used because of its ability to describe results from questionnaires and interviews and employed quantitative methods which was used because of its flexibility for instance, it used survey for concerning literature experience and analysis of insight stimulating examples such as existing records

3.2 Population of the study

The study population ranged from Head teacher, teachers. Other respondents included the students where the study was conducted from.

3.3 Sample and Sampling procedure

The study used both random sampling and purposive sampling procedures. Purposive sampling was used to select respondents in the area of investigation in order to get the required data and information. Random sampling was used because respondents had equal chances of being selected.

The respondents were randomly selected and categorized. They comprised of both sexes but of different marital statuses and age groups and the study used 100 respondents that is; 50 Males and 50 Females from various classes. This was intended in order to get a variety of views and unbiased response which will make the study a reality.

3.4 Research instruments

The study used both questionnaires and interview guides. Questionnaires included; open ended and closed ended questionnaires accompanied by checklists.

3.4.1 Questionnaires

This is the discussion in written form whereby the responses of the participants are put on paper provided by the researcher, the questionnaire can also be in two forms, namely:

- Open-ended questionnaire in which the responses by the participants are free according to their understanding on the effects of substance abuse on performance.
- The close-ended questionnaires in which responses are provided by the researcher and the participants one of them accordingly, for example strongly agree, agree or strongly disagree.

3.4.2 Interview guide

This involved face to face interaction between the researcher and the participant through discussion. The interview was in two ways, namely:

- Structured interview in which the responses by the participants were brief and specific.
- Unstructured interviews that is where the responses were long, elaborated and not specific. The interviews were conducted in group, individual.

3.5 Procedure for data collection

The researcher used questionnaires which were admitted to carefully chosen respondents. Oral interviews with Town Council local chiefs, officers were carried out.

The researcher will took the questionnaires to respondents and proceeded by a briefing about the purpose of the questionnaires and asked them to fill them on their convenience to allow them more time and flexibility. Later the researcher mad a follow-up and collected the filled questionnaires. Careful observation of respondents from the area of study was also carried out by the researcher. A part from this, the researcher obtained more information regarding the effects of drug and substance abuse in Uganda, in Bushenyi District, by reading newspapers, journals, text books plus the already existing work on internet and magazines.

3.6 Data analysis

The collected data was analyzed using a computer package called SPSS. The data filled in the questionnaires was copied and analyzed by tallying it and tabling it in frequency tables identifying how often certain responses occurred and later evaluation was done. This yielded the primary data which was raw in nature. The recorded data was later edited and interpreted which ensured uniformity, legibility and consistence. Also, interview results were coded in frequency tables which was calculated in terms of percentages and presented in this study.

Tables are the most common method of presenting analyzed data. Tables offer a useful means of presenting large amounts of detailed information in a small place. Frequency distribution tables in this case were used where by response values are summarized in a table. Frequency distribution table measurements are grouped into classes. Then the number of measurements for each class is reported. The totals for each class are called the frequency of the responses for that class. Frequency distribution tables present the frequencies or counts of the occurrence of each value (class or category) of a variable (Babbie, 1990).

The main objective of graph is to present data in a way that is easy to understand and interpret, and interesting to look at. Common types of graphs include; bar charts, histograms, frequency polygons, scatter graphs and cumulative frequency polygons. For this research, bar charts and pie charts were used to present the collected data. A bar graph is a visual display used to compare the amounts or frequency of occurrence of different characteristics of data. This type of display allows us to: compare groups of data, and to make generalizations about the data quickly. Bar graphs are used to compare changes in given quantities or values and to show the relationship of these quantities to on another (McNabb, 2002). A pie chart is a graphic display of data that depicts the differences in frequencies or percentages among categories of a nominal or ordinal variable.

Chi-square (X^2) statistical method was used to analyze data collected on effects of drugs on academic performance.

3.7 Limitations of the study

In the process of carrying out this study, a number of constraints were likely to be encountered. These constraints hampered the speed at which the study was carried out. These included;

- (i) There was insufficient time as the study was demanding.
- (ii) Financial resources are likely to be inadequate since the university was not in position to facilitate the researcher with funds for typing, binding and other expenses like transport fees when visiting the area of investigation.
- (iii) There was mounting pressure from the administration for students to complete the research on schedule which affected the quality of research.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter shows how the collected data was analyzed and interpreted. The data filled in the questionnaires was copied and analyzed by tallying it and tabling it in frequency tables identifying how often certain responses occurred and later evaluation was done. The information was later recorded in terms of percentages. The recorded data was later edited and interpreted which ensured uniformity, legibility and consistence. Also, interview results were coded on frequency tables which was calculated in terms of percentages and presented in this study as illustrated below.

4.2 Background information

Table 1: Classification of respondents by age

Age	Frequency	Valid percentage
12-13 years	34	28
14-16 years	25	21
17-20 years	13	11
21-24 years	40	40
Total	100	100

Table 1 shows that the biggest percentage of the respondents were in age bracket of 21-24 years, where as 7.5% represents students who were in the age bracket of 17-20 years, then close to 30% of them were in the age bracket of 12-13 years especially those in S.2 and 3, and over 20% of the respondents were in the age bracket of 14-16 years as illustrated in table 1 above.

Table 2: Classification of respondents by sex

Sex	Frequency	Valid percentage
Females	77	64
Males	23	36
Total	100	100%

Table 2 shows that the majority of the interviewees were females as shown by 65% and 35% represents those interviewees who were males.

A total of hundred questionnaires were distributed with in Bushenyi District and all the questioners were received back fully answered.

The study population was youths from the age of 14 years to 30 years grouped into three age groups in the following manner 14-20 years, 21-26years and 27-30 years.

The table above shows that all the 100 youths interviewed had heard about substance abuse

Table 3: Number of substances participants know

Type of substance	Number of respondents that That don't know				Total	% Total
	know and	percentage	and %			
Cigarettes	92	92	8	8	100	100
Alcohol	83	83	17	17	100	100
Miraa	94	94	6	6	100	100
Heroin	40	40	60	60	100	100
Hashish	57	57	43	43	100	100
Sedatives/hypnotics	42	42	48	48	100	100
Cocaine	27	27	73	73	100	100
Others	11	11	89	89	100	100

The table shows that maturity of the respondents knows that miraa 94(92%) and alcohol 83(83%) as substance abuse. At the same time 40(40%) of the respondents know about heroine, 57(57%) about hashish, 42(42%) about sedatives. 27(27%) about cocaine and 11(11%) about others that include kuber and tambo.

OBJECTIVE 1

Objective number one of the research was to identify the common types of substances that are abused by the students of Bushenyi District.

In this question the respondents were asked to list the substances that are legal within the laws of Uganda and are abused in Bushenyi District.

Figure 1: Substances that are legal

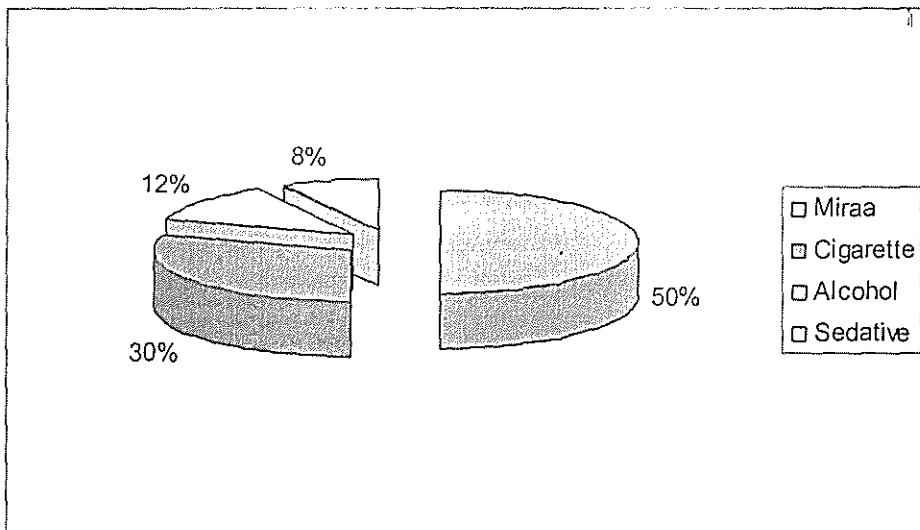


Figure 1 shows majority of respondents said miraa 50% cigarette 30% and alcohol 12% are legal substances, while 8% respondents said sedatives/ hypnotics are legal.

Table 5: Substances those are illegal

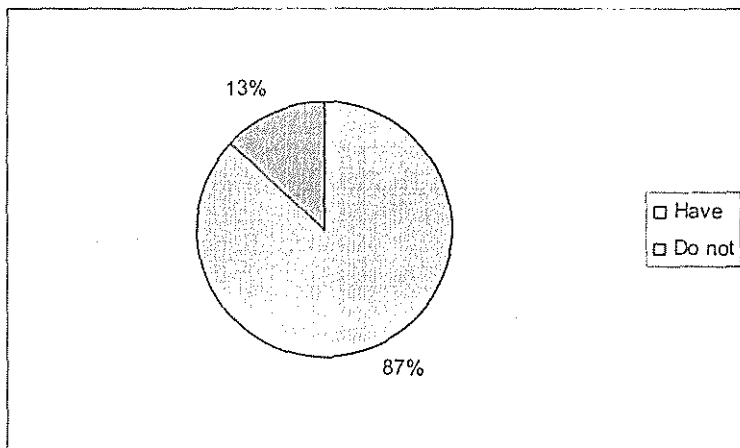
Substances	Respondents	Percentage	Total
Hashish	89	89	100
Heroin	49	49	100
Sedatives	43	43	100
Cocaine	47	47	100
Alcohol	23	23	100

Table shows that majority of respondents 89(89%) know that hashish is illegal, 49(49%) heroine, 47(47%) cocaine, 43(43%) sedatives and 23

(23%) said alcohol is illegal since majority of the respondents are Muslims and their faith prohibits the taking of alcohol.

The respondents were asked if they have a relative or a friend who abuses substances and the age at which they started.

Figure 2: Relatives or friends who abuse or not



The pie chart above shows an overwhelming number of respondents 87(82%) said have a relative or a friend abusing substances. While only 13(13%) said have no relative or friend who abuses substance.

Table 6: Age at which relative or friend started abusing substances

Age group	Respondents	Percentage
14-20	62	75
21-26	17	21
27-30	3	4
Total	82	100

The table above shows majority of the abusers 62(75%) started at the age 14-20 years, 17(21%) at 21-26 and 3(4%) at the age 27-30 years.

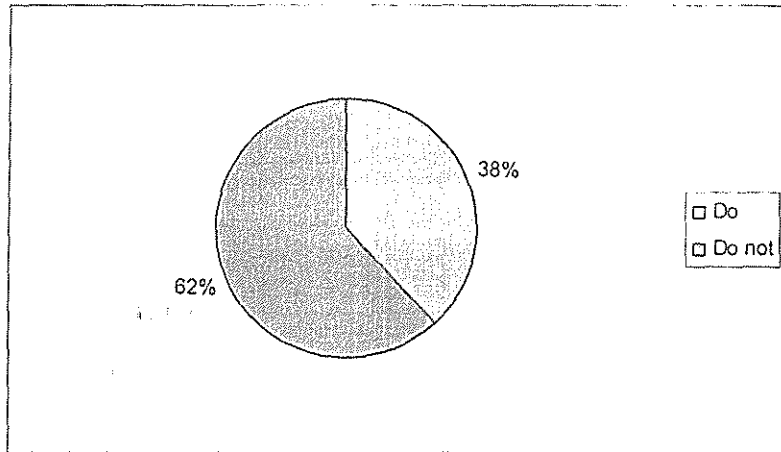
The respondents were asked various substances that their relatives or friends abused

Table 7: substance abused

Substance	Respondents	Percentage	Total
Miraa	80	97	80
Cigarette	77	93	77
Alcohol	13	15	13
Sedative	17	20	17
Hashish	13	15	13
Cocaine	2	2	2
Heroin	2	2	2
Illicit brew	1	1	1

Table 7: Shows majority 80(97%) and 77(93%) above miraa and cigarette respectively. 17(20%) abuse sedatives, 13(15%) abuse alcohol and hashish, 2(2%) abuse heroin and cocaine and 1(1%) respondents abuses illicit brew.

Figure 3: The respondents abusing substances



The pie chart shows 38(%) of the respondent abuse substance (s) and 62(62%) do not abuse

The substance abused by respondents.

Table 8: substance abused

Substance	Number	Percentage
Miraa	30	41
Cigarette	23	31
Alcohol	6	8
Hashish	5	7
Sedative	8	11
Cocaine	1	1
Heroin	1	1
Total	74	100

Table 8 shows majority of the respondents 70(41%) abuse miraa, 23(31%) cigarette, 8(11%) sedatives, 6(8%) alcohol, 5(7%) hashish and 1(1%) respondents each abusing heroin and cocaine. the table also shows most respondents abuse more than one substance.

The respondents were asked at the age they started abusing the substances.

Table 9: Age started abusing substances

Age group	Respondents	Percentage
14-20	29	76
21-26	9	24
27-30	0	0
Total	38	100

Table 9 shows that out of the total 38(100%) respondents who acknowledged abusing substance 29 (76%) started at the age of 14-20 years while 9(24%)at the age of 21-26 years.

OBJECTIVE 2

The researcher wanted to find out factors that lead the person to abuse drugs. The respondents were asked what influenced them to abuse substances

Table 10: factors that led respondents to abuse substances

Factors	Respondents	Percentage
Recreation	25	29
Peer pressure	32	37
Media	3	35
Parents/role models	3	35
Having no word to do	16	18
Wanting to taste	8	9
Other stress	0	0
Wanting to commit crime	0	0
Total	87	100

The table shows 32(84%) of respondents were influenced by peer pressure, 25(65%) by recreation, 16(42%) because of boredom, 8(21%) wanted to taste, both the media and parents /role models influenced 3(8%) each.

The table also shows several factors influenced each respondent to abuse substance. The respondents were asked what influenced their relative or friend to take up the habit.

Table 11: Factors that influenced participants to take up the habit

Factors	Respondents	Percentage
Recreation	38	23
Peer pressure	58	35
Parents or role model	6	4
Having no work to do	38	23
Wanting to taste	19	12
Others-Relief stress	3	2
To commit crime	1	1
Total	163	100

The table 10 shows 58(71%) were influenced by peer pressure, 38(42%) for recreation and idleness, 19(23%) wanted to taste, 6 (7%) influenced by their parents or role model, 3(4%) wanted to relief stress and 1(1%) respondent said he wanted to commit a crime.

OBJECTIVE 3

The researcher wanted to find out effects of substance abuse among the youth in Bushenyi District. To meet this objectives the researcher formulated question 14 in which he divided into 4 groupings- That is Health, Economy, Social effects and performance in school.

Table 12: effects on the health of the person

Health effects	Respondents	Percentage
Mental illness	44	44
Dental diseases	16	16
TB and lung cancer	17	17
HIV/AIDS	23	23
TOTAL	100	100

Majority of the respondents 44(44%) said it causes mental illness while 23(23%) said HIV/AIDS, 17(17%) TB and lung cancer and 16(16%) said leads to dental disease.

Table 13: effects on the economy

Economy effect	Respondents	Percentage
Poverty	39	39
Misuse of funds	21	21
Reduced productivity	40	40
Total	100	100

Majority of respondents 40(40%) said it reduces productivity, 39(39%) said it causes poverty while 21(21%) said it is wastage of money.

Table 14: Effects on social life

Social effects	Respondents	Percentage
Crime	38	38
Conflict at home	21	21
Divorce	35	35
Not following the religion	6	6
Total	100	100

The table shows majority of respondents 35(35%) belief it causes divorce, followed by 38(38%) crime, 21(21%) conflicts at home and 6(6%) said it makes the person less religious.

Table 15: effects on school performance

Effects	Respondents	Percentage
Poor performance	40	40
School drop out	40	40
Strike in school	20	20
Total	100	100

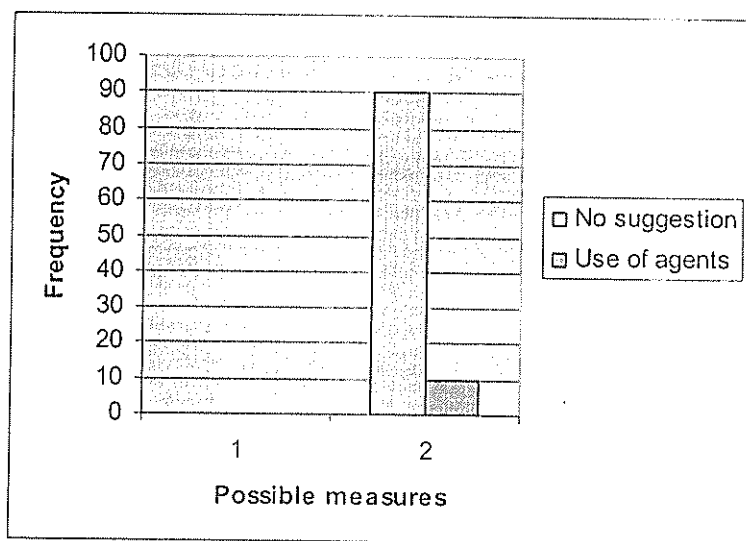
The table above shows an equal number of respondents 40(40%) said it leads to poor performance and school drop out while 20(20%) said it's the main cause of school unrest and violence.

OBJECTIVE 4

The researcher wanted to find out measures that are in place to control substance abuse in Bushenyi District.

The respondents were asked if there were measures that are in place in Bushenyi District to control substance abuse.

Pie chart 3: Measures that are in place to control substances abused



According to the pie chart an overwhelming majority of 90% said that there are no measures to control substance abuse in Bushenyi District while 10(10%) said there exist controls and they gave agents that control substance are N.G.O.s, religious leaders, the Uganda police, teachers, parents and public health officers.

CHAPTER FIVE

SUMMARY OF KEY FINDINGS, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter represents conclusions recommendations based on findings of chapter four, it thus presents findings from the field which were in line with the topic under study that is; the effects of substance abuse on the students' academic performance in secondary schools.

5.1 Summary of key findings

The research was carried out in Bushenyi District which was divided into three sections namely sub-counties, villages and the central business district.

The respondents ranged from the age of 14 years to 30 years male and females as well as all religious denominations. The researcher found out that 38(38%) of the respondents abuse substance (s). in addition to this an overwhelming members of the respondents 82(82%) have either a relative or friend who abuse substances.

Most respondents 29(29%) started abusing substances at the age of 14 to 20 years while 9(24%) started at the age of 21 to 26, at the same time most respondents 32(84%) were influenced by peer pressure to take up the habit, followed closely by recreation 25(65%) and idleness 16(42%).

Most respondents acknowledge that substance abuse causes numerous of problems. A large number 44(44%) said it causes mental illness, 23(23%) HIV/AIDS, 17(17%) TB and lung cancer while 40(40%) and 39(39%) said it reduces productivity and causes poverty respectively.

On effects on school performance 80(80%) the respondents said it leads to poor performance and school drop out. on the social aspect many respondents 38(38%) belief it's a source of crime while 35(35%) said contribute to increase in crime rate.

5.2 Conclusions

The research was very interesting to the researcher. The study findings has broadened the researcher's knowledge on the subject since it provided an opportunity of reading literature, other researchers work and interacting with different personalities.

The research project enabled the researcher to meet the set objectives through the questions answered on the questionnaires.

The project proved there was rampant abuse of substances among the youths of Bushenyi District.

The project was very much involving, as it required time, patience and self-dedication. It required finance in the form of materials, transport, doing literature search and data collection, time to analyze and interpret the data collected.

5.3 Recommendations

1. The researcher recommends the government and other stakeholders to commence a massive and continued campaign against substance abuse.
3. The researcher recommends an act of law to be enacted to govern the trade and the use of khat.
4. The researcher recommends the establishment of treatment and rehabilitation centers for substance abusers.
5. The researcher also recommends more research to be undertaken about substance abuse in Bushenyi District.

REFERENCES:

- Clayton, R.(1980) *The Family-Drug abuse relationship*. Drug abuse from the family perspective. 1980 Washington, D. C.
- Cohen, S.(1970) *Alternatives to Adolescent Drug Abuse*. Journal of the American Medical Association. 238 (14) 1561 – 1562
- Lancaster, M (1997); *Effects of drug abuse at an older age*, Longman publishers (U.N.D.C)-2003, United Nations office on drugs and crime
- NHSDA, (2002), National Household Survey on Drug Abuse Report of Ministry of Home Affairs and National Heritage, Children's Department, October 1996.
- Joseph Nowinski (2000) Substance abuse in adolescent and young adults.
- Stanton, M. D. (1972) *Drugs and the Family*. Marriage and Family Review. 2 (1) 2-9
- Steffenhagen, R. A. (1980), *Self – esteem Theory of Drug Abuse*. Theories on Drug Abuse. Washington D. C. Research Monograph Series 30.
- Wright, J. (1977) “*The Psychology and Personality of Addict*”, Adolescence. 12, 399 – 403. York, Wiley.
- Knoff . B, (1986), *Considering local interests in overcoming child and substance abuse*. Longman Publishers
- Mac Kay ^{Prison} et al (2007), *The Impact of drug and substance abuse the economic livelihoods of women in the Niger region of Nigeria in JENDA: A Journal of Culture and African Women Studies*, Issue 6, 2004.
- Robins, L. N. (1980) *The Natural History of Drug Abuse*. Theories on drug abuse. Washington D.C.
- WHO Geneva, Neuroscience of psychoactive substance use and dependence.
- Integrating substance abuse and vocational services by U.S department of Health and Human Services.
- Kaiser H. J. (2004); *Substance abuse and sex*, Washington, D. C.
- NACADA, August (2002) Youth at peril by East Africa Standard,
- EMCDA, (2000), European monitoring committee on drugs and addiction

APPENDIX I

QUESTIONNAIRE TO THE STUDENTS

Introduction

Dear respondent,

I am a student of Kampala international university conducting a research study as a requirement for the award of the Bachelors Degree in Guidance and Counseling of Kampala international university.

The purpose of the study is to *investigate the effects of substance abuse on the academic performance in secondary schools*. I kindly request you to spare some time and fill this questionnaire. The information given will be used for academic purposes only and will be treated with utmost confidentiality. Your cooperation will be highly appreciated.

QUESTIONS

SECTION A)

BACKGROUND INFORMATION OF RESPONDENTS

1) Gender?

(a) Female

(b) Male

2) Age?

(a) 12- 14years

(b) 15-18years

(c) 19-23 years

(d) 24 and above

3) Level of education?

Secondary level

Primary

Institution

University

SECTION B
SUBSTANCE ABUSED

4) Are you aware of the number of substances abused?

(a) Yes

(b) No

5) If yes in question (4) above, what are some of the substances abused?

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.....

5) Are aware of the substances that are legal in this school?

(a) Yes

(b) No

6) Are you aware of the substances that are illegal?

(a) Yes

(b) No

7) Students who take drugs at school might have learnt them from?

Relatives

Friends

8) At what age at do the relative or friend started abusing substances?

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9) What are the substances abused?

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10) What are the factors that led respondents to abuse substances?

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11) What are the factors that influence students to take up the habit?

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12) What are the effects of drugs on the health of the person?

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13) What are the effects of drugs on social life?

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14) What are the effects of drugs on school performance?

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15) What possible measures can be put in place to control drug/substance abuse?

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SECTION C

EFFECTS OF DRUGS ON ACADEMIC PERFORMANCE

1. Drugs have negative effects on students' school performance.

SA..... A..... N..... D..... SD.....

2. Some drugs can keep students awake when studying but can not help to remember what they read when it comes to examinations.

SA..... A..... N..... D..... SD.....

3. Sleeping pills don't help students in their academic work.

SA..... A..... N..... D..... SD.....

4. Students who don't use drugs when preparing for examinations always perform well in their academic work.

SA..... A..... N..... D..... SD.....

5. Poor performance in academic work can be traced to students' use of drugs.

SA..... A..... N..... D..... SD.....



KAMPALA
INTERNATIONAL
UNIVERSITY

Ggaba Road, Kansanga PO BOX 20000 Kampala, Uganda
Tel: +256(0) 41-266813 * Fax: +256 (0) 41-501 974
E-mail: admin@kiu.ac.ug *website: http:// www.kiu.ac.ug

Institute of Open and Distance Learning

Office of the Director

12th July, 2010

To Whom It May Concern:

Dear Sir/Madam,

Introduction Letter For Research

I have the pleasure to introduce Mugisha Moses Babaha - BGC/0002/61/DU to you. He is a student of Bachelors Degree in Guidance and Counseling at Kampala International University. He is carrying out his research on "The Effects of Substance Abuse on the students' Academic Perfomance in Secondary Schools in Bushenyi District." He is at the data collection stage and your Institution / Organization has been identified as his area of study. It will therefore be appreciated if you can give the best assistance to him for a dependable research work.

The university will be counting on your kind cooperation.

Thank you

J.S. Owoeye, Ph.D

